

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*
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TOTAL DEP.	34	←		←		←		TOTAL DEP.	←	←
TOTAL CLAIMS	43							TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS